

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/598973

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5	1					
6	1					
7	1					
8	1					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
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22	1					
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24		1				
25	1					
26	1					
27	1					
28	1					
29	1					
30	1					
31	1					
32	1					
33		1				
34			1			
35			1			
36			1			
37			1			
38			1			
39			1			
40			1			
41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47				1		
48				1		
49				1		
50				1		
TOTAL IND.	2	↓	1	↓	0	↓
TOTAL DEP.	32	←	17	←	0	←
TOTAL CLAIMS	34	↓	18	↓	0	↓

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					1	
55					1	
56					1	
57					1	
58					1	
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97						
98						
99						
100						
TOTAL IND.	0	↓	1	↓	0	↓
TOTAL DEP.	0	←	7	←	0	←
TOTAL CLAIMS	0	↓	8	↓	0	↓